

DEPARTMENT OF THE ARMY SUPPLY BULLETIN

Army Medical Department Supply Information

Headquarters, Department of the Army, Washington, DC 20310-2300 20 October 2002

Effective until rescinded or superseded

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NOTICE

This Supply Bulletin is devoted entirely to the  
**ARMY NATIONAL GUARD (ARNG)**

## **CHAPTER 1. ARMY NATIONAL GUARD (ARNG) RESPONSIBILITIES**

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### **1-1. ARMY NATIONAL GUARD SUPPLEMENT TO AR 40-61**

a. This issue in the SB 8-75-series consolidates all ARNG information into one publication.

b. AR 40-61, Medical Logistics Policies and Procedures, dated 25 January 1995, provides ARNG specific guidance found in this edition of the SB 8-75-S10. The AR 40-61 citation makes this guidance applicable to the ARNG. DA SB 8-75-S6, 20 June 2002, is dedicated entirely to the dissemination of significant changes and special emphasis information contained in the DRAFT AR 40-61, Medical Logistics Policies.

c. Point of Contact (POC) for this information is NGB-ARS, telephone DSN 327-7146 / Comm 703-607-7146 or Telefax extensions 7187/7183.

### **1-2. ARNG SOURCES OF MEDICAL LOGISTICS ASSISTANCE (AR 40-61)**

The United States Army Medical Command (USAMEDCOM) will provide logistics assistance and support to ARNG medical units and activities. This command has divided the world into Regional Medical Commands (RMCs). You are encouraged to establish coordination through your Major Command (MACOM) to your supporting RMC for required assistance. The following is a list of RMCs and the states they support:

1. North Atlantic RMC supports: CT, DC, DE, IL, IN, KY, MA, MD, ME, MI, MN, NC, NH, NJ, NY, OH, PA, RI, VT, VA, WI, WV.

POC: DSN 662-0833 / Comm 202-782-0833: telefax ext. 6142/3910.

MAILING ADDRESS: Commander, NARMC  
ATTN: MCAT-OP  
Bldg. 1, Room D406, WRAMC  
Washington DC 20307-5001

2. Southeast RMC supports: AL, FL, GA, MS, PR, SC, TN, VI.

POC: DSN 773-2470 / Comm 706-787-2470: telefax ext. 2484 /DSN 2482.

MAILING ADDRESS: Commander, SERMC  
ATTN: MCSE-R, Bldg 40709  
Fort Gordon GA 30905-5650

3. Great Plains RMC supports: AR, AZ, CO, IA, KS, LA, MO, MT, ND, NE, NM, OK, SD, TX, UT, WY.

POC: DSN 421-2309 /2365 / Comm 210-295-2309 /2365, telefax ext. 2335 2288.

MAILING ADDRESS: Commander, GPRMC  
ATTN: MCGP-OPS  
2410 Stanley Road ,Suite 121  
Fort Sam Houston TX 78234-6200

4. Western RMC supports: AK, CA, GU, HI, ID, NV, OR, WA.  
POC: DSN 782-4123 / Comm 206-968-4123, telefax ext. 4145.

MAILING ADDRESS:           Commander WRMC  
                                  ATTN: MCHJ-RMC, MARMC  
                                  Tacoma WA 98431

### **1-3. MEDICAL SUPPLY SUPPORT OF THE ARMY NATIONAL GUARD BY USA MEDCOM ACTIVITIES (AR 40-61)**

a. Army National Guard medical units, organizations and installations are authorized and encouraged to receive medical supply support to include medical repair parts from the MEDCOM element with area support responsibility for the geographic area in which the unit/organization/installation to be supported is located. A delineation of Regional Medical Commands (RMCs) and the Medical Activity (MEDDAC) or Medical Center (MEDCEN) responsible for each is found in AR 5-9 (Area Support Responsibilities) and appropriate MEDCOM Regulation.

b. Such support is contingent upon establishment of a support agreement with the supporting MEDDAC or MEDCEN including a possible funding procedure. When supply support is to be provided to a unit or installation, the unit or installation will submit the required DA Form 1687 (Notice of Delegation of Authority - Receipt for Supplies) through the United States Property and Fiscal Officer (USP&FO) to the supporting MEDDAC or MEDCEN. The USPFO will validate the form, ensuring that limitations concerning the materiel authorized for requests are stated on the form. A Medical Corps Officer should sign DA Form 1687 for controlled drug supply support. The State Surgeon may be requested to perform this function and monitor the requesting of controlled substances by installations without an assigned physician.

c. When controlled substances are requested, they may be transmitted directly from the Installation Medical Supply Activity (IMSA) at the MEDDAC or MEDCEN to the requesting unit/installation to facilitate security and accountability. In this case, bypassing the USPFO is authorized; however, receiving documentation must be provided to the USPFO in accordance with (IAW) each state/territory's SOP. Units/installations in close proximity to the supporting IMSA will be required to have an authorized individual personally receipt for the controlled substances. Issues to remote units will be shipped by registered mail, return receipt required. When a support agreement is negotiated, the USPFO must ensure an audit trail is established.

d. MEDDAC or MEDCEN should be viewed as the primary source of:

(1) X-ray film and x-ray chemicals. (Rationale: USPFO will generally find the MEDDAC or MEDCEN more cost effective than local purchase or requisition through S9M.)

(2) Controlled substance(s). (Rationale: The Defense Supply Center Philadelphia (DSCP) will not honor ARNG requisitions for Code "R" or "Q" controlled substances. They must be obtained through the supporting MEDDAC or MEDCEN; the MEDDAC or MEDCEN procures through Prime Vendor (PV) contracts.)

**1-4. SPECIFIC GUIDANCE PERTAINING TO VARIOUS TYPES OF MATERIEL**

a. Medical repair parts supply support should normally be requested for a unit only if a qualified biomedical equipment repairman supports the unit. Medical repair parts are normally stocked for active component equipment actually supported by the MEDDAC or MEDCEN. Alternative sources of supply are requisitioned through S9M for those repair parts listed in TM-DSCP-6500-RPL that are not local purchase. Medical repair parts are considered Class VIII or Class IX. Class VIII is processed through the USPF&O rather than the State Maintenance System.

b. Nonexpendable equipment will not be requested through a supporting MEDDAC or MEDCEN.

c. Aviation units and flight facilities authorized aviation survival kits may request those kits from the IMSA at the supporting MEDDAC or MEDCEN. Loperamide Hydrochloride Tablets, NF (NSN 6505-01-238-5632), is no longer a NOTE "Q" item. Doxycycline Hyclate (NSN 6505-00-009-5060) is authorized at 28 tablets per kit. Doxycycline is to be taken 1 tablet a day for 28 days.

d. The U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) provides instructions for destruction of military items, Military Item Disposal Instructions (MIDI), through a web site on the Internet. The site can be accessed at: [http://chppm-.apgea.army.mil/hmwp/midi\\_team.html](http://chppm-.apgea.army.mil/hmwp/midi_team.html). The login and password are case specific. The MIDI team can be reached at DSN 584-5237 or CML 410-436-5237. This CD -ROM for distribution is Spawar System Center, Charleston, Norfolk Office (SSC CHAS NORF OFC) DSN 565-9192/757-445-9192; FAX number 757-445-4842

e. When negotiating supply support, initial contact should be made with the Chief, Logistics Division, of the MEDDAC or MEDCEN. Funding arrangements will require further coordination with the MEDDAC or MEDCEN Comptroller.

f. It is the policy of the MEDCOM to provide responsive support, within the limits of their capabilities, to the ARNG.

**1-5. MEDICAL CARE SUPPORT EQUIPMENT (MEDCASE) PROCEDURES (AR 40-61)**

a. Capital investment medical equipment is defined as equipment with a unit price of \$100,000.00 or more "each" (sets are not considered capital investment medical equipment). If capital investment equipment is authorized to an ARNG element by other than Modified Table of Organization and Equipment (MTOE), it must be acquired using MEDCASE procedures.

b. Preparation of MEDCASE requests shall be in accordance with DA SB 8-75-MEDCASE.

c. The Chief Surgeon, Army National Guard (NGB-ARS), will perform the review and approval, and overall program management functions designated for major medical commands by DA SB 8-75-MEDCASE.

d. Upon allocation of funding by the Surgeon General, Department of the Army, the affected USPF&O will be provided with a fund citation. Procurement support may be

obtained from the MEDDAC or MEDCEN providing area support to the ARNG activity (see AR 5-9). In the case of x-ray apparatus, a fund cite(s) will not be provided to the USPF&O. To make best use of MEDCASE funds, States should forecast their MEDCASE requirements 18 months out, and forward to NGB-ARS.

e. States are reminded that the Table of Distribution Allowances (TDA) must authorize any capital expense medical equipment prior to the initiation of MEDCASE action. Procurement requires submission of DA Form 5027-R (MEDCASE Program Requirement) and 5028-R (MEDCASE Support and Transmittal Form) IAW SB 8-75-MEDCASE. Contact USAMMA, ATTN: MCMR-MMT-C, at DSN 343-7403 or Comm 301-619-7403, for procurement assistance, if the item is authorized.

f. Appendix C to AR 40-61 requires submission of an annual MEDCASE report. States operating ARNG Training Sites must submit that report to NGB-ARS, NLT 1 January each year. Report capital investment medical equipment (other than MTOE authorized) on hand, and projected requirements in dollars for the next five program years. Attach a list of the capital investment medical and dental equipment proposed for acquisition in the program years.

#### **1-6. COMMANDERS REVIEW PROGRAM FOR DURABLE MEDICAL MATERIEL (AR 40-61)**

a. Each commander of a medical element, which operates a physical examination station, and each commander of an ARNG Training Site who operates a Troop Medical Clinic will establish a formal program for reviewing the consumption of durable medical items. The program should be designed to improve supply discipline, emphasize economy, and focus attention on the prudent use of resources.

b. Commanders will conduct annual consumption reviews of the 20 durable items the activity has spent the most money on during the last year. The items will be reviewed for potential savings and for increases in usage from year to year. Reviews may also be conducted on other durable items for which the activity desires control visibility, such as items experiencing a high loss rate. From this review, items will be selected for intensive management.

c. At the conclusion of the period, actual usage should be reviewed against established usage levels. Activities will document the review, to include corrective action taken, or the cause(s) for usage in excess of the established rate.

d. These reviews will be retained for two years, used for internal audit, and presented to inspectors, i.e., Command Logistics Review Team (CLRT).

#### **1-7. ARNG CLASS VIII MATERIEL MANAGEMENT COURSE**

a. The ARNG Class VIII materiel management course will be conducted around the first or second week of December 2002. A memorandum with course date dates and location will be published and distributed to USPFO Class VIII Managers.

b. The course is intended to provide USPFO personnel with the tools and current policies required to properly manage Class VIII (medical and dental) materiel.

c. Prerequisite for attendance is assignment to a USPFO with duties including management of Class VIII materiel. This class is targeted for Stock Control Supervisors and Medical Commodity Managers. It will not cover information pertinent to USPFO storage branches. Additional students may attend on a space-available basis.

d. Applications should be made on DD Form 1556 or DD Form 1610 (Request and Authorization for TDY Travel of DOD Personnel). Applications for technicians attending in technician status should be routed through the Human Resource Office (HRO). States must forward applications to NGB-ARS. Applications may be faxed to the POC on Comm 703-607-7187/7183 or DSN 327-7187/7183. This is not a centrally funded course. Maximum class size is 45 No more than two applications per state will be accepted. M-day soldiers are discouraged from attending this course.

## **1-8. HOW TO REQUEST SB 8-75 SERIES AND SB 8-75-S10**

a. Personnel working in the medical supply arena must have the SB 8-75 series and SB 8-75-S10 in their logistics library. The SB 8-75 series pertains to Army Medical Department supply information and the S10 provides specific guidance concerning medical materiel for the ARNG.

b. Distribution. The DA SB 8-75 Series should be downloaded from the USAMMA website. The USAMMA website is **[www.army.medicine.army.mil/usamma](http://www.army.medicine.army.mil/usamma)**. Click on publications in the left margin. It can be viewed as a PDF file or downloaded as a zip file.

## **1-9. PRIME VENDOR (PV) SYSTEM**

a. The Department of Defense (DoD) system for providing Class VIII to users has adopted "best commercial practices" from the private sector. In January 1993, the Office of the Secretary of Defense (OSD) issued a policy stating that all DoD components are to employ direct delivery from vendors to end-users whenever it is cost effective and responsive to end users' requirements. The medical PV initiatives fulfill that mandate, but at a cost in terms of service to small, off-post customers such as ARNG units and activities.

b. The intent of the DoD medical PV is to:

- ◆ Reduce inventory-carrying costs.
- ◆ Reduce product costs by using the consolidated buying power of DoD.
- ◆ Provide customers' responsiveness equal to the existing commercial standard (in most cases, product delivered within 24 hours of ordering).
- ◆ Provide military users with an enhanced product selection, comparable to that available to civilian institutions.

c. As the medical PV program is structured, benefits are directed to the DoD fixed Medical Treatment Facilities (MTF). Impacts on the ARNG include:

- ◆ A reduction of the price and an increase in choices of FSC 6505 materiel;
- ◆ A decrease, in most states, of the labor component involved in ARNG acquisition of FSC 6505, if sourced directly or indirectly from a PV; and

- ◆ A decrease in Order-Ship Time (OST) for materiel sourced from a PV, as compared with OST for materiel sourced via MILSTRIP from the National Inventory Control Point (NICP).

d. The two main challenges the ARNG faces because of the pharmaceutical and medical/surgical PV initiatives are:

- ◆ How to obtain responsive support from the designated PVs or alternative sources of supply.
- ◆ How to provide USPFOs with the ability to perform the expanded roles of Class VIII Supply Support Activities (SSAs).

e. The following service standards have been identified for pharmaceutical PV support to the ARNG:

- ◆ Orders originate in ULLS-S4 (where available) and flow through SARSS-1, SARSS-2AC, and the Defense Automated Addressing System (DAAS) to the source of supply. Within the State, the transaction is an automated MILSTRIP/Military Standard Billing System (MILSBILLS) transaction.

- ◆ NSN to PV stock number conversion takes place above the state level.

- ◆ The delivery standard is 7 days after receipt of the order by the PV, with 48-hour premium service available.

- ◆ Eligible delivery locations include all ARNG Department of Defense Automated Address Codes (DODAACs). Deliveries will be required only to USPFOs, TMCs, Army Aviation Support Facilities (AASFs), State Area Command (STARC) medical detachments, and Modified Tables of Organization and Equipment (MTOE) medical companies.

- ◆ Aggregate costs, including delivery, is equal to or less than the current cost for the same materiel requisitioned MILSTRIP with an acquisition advice code (AAC) of "2A."

- ◆ There are potentially four ARNG FSC 6505 service alternatives.

- ◆ USPFOs routing requisitions to their supporting IMSAs, for fill by the supporting PV.

- ◆ USPFOs acquiring PV terminals and submitting their requirements directly to the PV.

- ◆ Establishing a pharmaceutical PV contract specifically for support of the ARNG.

- ◆ USPFOs submitting MILSTRIP requisitions through the NICP, using AAC 2A. The NICP would refer to a vendor for Direct Vendor Delivery (DVD).

## **CHAPTER 2. PHYSICAL EXAMINATION STATIONS**

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### **2-1. PROCEDURES FOR AUTHORIZING AND EQUIPPING OF ARNG PHYSICAL EXAMINATION STATIONS (AR 40-61)**

a. Physical Examination Stations (PES) may be located at ARNG training sites, armories or may be mobile. Physical examinations should be conducted IAW AR 40-501 (Standards of Medical Fitness) and NGR 40-501 (National Guard Regulation Standards of Medical Fitness), dated 1 September 1994.

b. Establishment and operation of an ARNG PES requires approval of the Chief Surgeon, Army National Guard. Send requests for approval to:

Chief, National Guard Bureau  
ATTN: NGB-ARS  
111 South George Mason Drive  
Arlington VA 22204-1382

c. The following statement must be in the request for approval:

“ I certify that the State of \_\_\_\_\_ has complied with OSHA requirements for this Physical Examination Station. The State Quality Improvement Plan addresses all aspects of the professional operation.”

\_\_\_\_\_  
Signed, Rank, Name of State Surgeon

d. Upon NGB-ARS approval of the establishment of a PES, equipment authorization may be requested by submitting a request as outlined in para 2-2. Requests to establish a PES and the request to add items to the TDA may be sent concurrently.

### **2-2. MEDICAL EQUIPMENT RECOMMENDED FOR CONDUCT OF ARNG PHYSICAL EXAMINATIONS (AR 40-61)**

a. Medical equipment contained in the MTOE-authorized medical sets of ARNG units authorized a physical examination mission can be used to support the physical examination mission.

(1) The items listed in Table 2-1 are approved for use in PESs. These items do not require the use of a DA Form 4610-R (Equipment Changes in MTOE/TDA) to justify inclusion in a PES. To request that items be added to the STARC TDA submit a memorandum to:

Chief, National Guard Bureau  
ATTN: NGB-ARS  
111 South George Mason Drive  
Arlington VA 22204-1382



(2) The memorandum must specify the TDA number to which the items are to be added. In the body of the memorandum create the following column headings:

**Paragraph** **NGB Assigned LIN** **Nomenclature** **Quantity to be Added** **Recapitulation Quantity**

(3) Examination facilities with the following annual workload are authorized audiometers:

- (a) 10-160 = Three, Audiometer,
- (b) 161-320 and over = Four, Audiometer.

(4) Examination facilities with the following annual workload are authorized booths as follows:

- (a) 10 -160 =Three
- (b) 161-320 and over = Four

(5) Facilities performing over-40 and flight physicals are authorized 12 -lead EKGs.

TABLE 2-1. MEDICAL EQUIPMENT RECOMMENDED FOR  
ARNG PHYSICAL EXAMINATION STATIONS (PESs)

(Alphabetical Listing)

<b>NGB Assigned LIN</b>	<b>NOMENCLATURE</b>
86019G	ARMED FORCES VISION TESTER
87009G	AUDIOMETER, AUTOMATIC
86022G	AUDIOMETER PORT, MICROPROCESSOR CONT.
87017G	AUDIOMETER PORT, MANUAL
87001G	BOOTH AUDIOMETRIC EXAMINATION
93104G	ANLYZER,BLOOD CHEMISTRY (REFLOTRON)
95015G	CABINET, LABORATORY
87002G	CABINET DENTAL 24 DRAWER
86047G	CABINET MEDICINE
84907G	CABINET SURGICAL INSTRUMENT
84574G	CALIBRATION DEVICE, HEARS
84923G	DEFIBRILLATOR/ECG MONITOR SYS
84010G	CALIBRATION ANALYZER
84025G	CART, MICRO-DENTAL ASST.
85312G	CENTRIFUGE, LABORATORY
85311G	CHAIR, DENTAL
94031G	BAG, COMBAT LIFESAVER
95210G	CHART SET, ANATOMICAL
94127G	COLOR VISION TESTER
92351G	DEPTH PERCEPTION DEVICE
84941G	ELECTROCARDIOGRAPH
93208G	ILLUMINATOR, X-RAY FILM
87008G	INSTRUMENT SET, DENTAL
94036G	EKG,12 LEAD
86069G	LENS MEASURING INSTRUMENT
92352G	LENSOMETER
87019G	LIGHT, MICROSCOPE
84901G	LIGHT, ULTRAVIOLET DERMATOLOGICAL
87024G	MANNEQUIN, RESC
85315G	TONOMETER
93158G	MONITOR, VITAL SIGNS
92349G	OTO/OPHTHALMOSCOPE, WALL MOUNTED
93032G	PRINTER, AUDIOMETER
86070G	PROCESSING MACH., RAD, AUTO DENT
93350G	REFRIGERATOR, MECHANICAL, BIOLOGICAL

(continued) TABLE 2-1. MEDICAL EQUIPMENT RECOMMENDED FOR  
ARNG PHYSICAL EXAMINATION STATIONS (PESs)

NGB Assigned LIN	NOMENCLATURE
85332G	STAND, SURG INSTRUMENT
84917G	STEREOSCOPE VISION TESTING
87023G	STERILIZER SURG INSTR & DRESSING
86034G	STOOL OPERATING, DENTAL
84926G	STRETCHER, HOSPITAL
84920G	SURG INSTR & SUPPLY SET, FLT SURG
87028G	TABLE EXAMINING AND TREATMENT
94136G	TABLE, EXAM OB/GYN
94032G	THERMOMETER, EAR
84945G	THERMOMETER ELECTRONIC
85315G	TONOMETER, NON-CONTACT
93105G	VISION TESTER W/ REMOTE UNIT
87005G	VISION SCREENING APPARATUS
92353G	VISION TESTING APPAR, NEAR VISION, STEREOS
92119G	X-RAY APPARATUS, PANOREX /DIGITAL
93028G	X-RAY PANOGRAPH

### 2-3. POLICY RELATIVE TO LABORATORY EQUIPMENT

Laboratory services in ARNG PESs and TMCs will not be authorized. Operation of these services subjects the facility to Clinical Laboratories Improvement Amendment (CLIA) certification every 2 years. Supervisors of laboratory services are required to possess a baccalaureate degree in the laboratory sciences in order to meet CLIA requirements. The costs of purchasing and maintaining laboratory equipment and the requirement to purchase and store large quantities of reagents make contracts extremely attractive.

### 2-4. POLICY RELATIVE TO RADIOLOGY EQUIPMENT

a. Establishment of x-ray capabilities, except Panograph in PESs, will not be authorized. States wishing to establish x-ray capabilities in authorized Troop Medical Clinics (TMCs) must request authority from NGB-ARS. Complete justification must be provided, to include, the reason(s) existing local federal facilities can not be utilized, cost comparisons of operating and maintaining ARNG x-ray equipment versus local contracts, and projected volume.

b. Upon authorization of the facility, equipment authorization may be requested from NGB-ARS. Questions relative to recommended equipment should be directed to NGB-ARS. SB 8-75-MEDCASE procedures will apply.

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## CHAPTER 3. MAINTENANCE

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### 3-1. ARNG MEDICAL EQUIPMENT MAINTENANCE POLICY AND PROCEDURES (AR 40-61)

#### a. Policy

(1) State Surface Maintenance Managers are responsible for the coordination of Medical Maintenance support (AR 40-61).

(2) Medical equipment maintenance is a command responsibility.

Commanders will provide the necessary resources (personnel, facilities and time) to provide for maintenance of medical equipment.

(3) Scheduled periodic maintenance services take precedence over all but emergency repair requirements.

(4) The lowest level of maintenance performs medical maintenance services with the capability, capacity, and authority to perform service. Reference will be made to the MAC (Maintenance Allocation Chart) in the appropriate Technical Manual (TM).

(5) Medical maintenance requirements beyond unit capabilities may be supported from the following resources, listed in priority sequence:

- (a) Other ARNG medical maintenance resources in the State.
- (b) USAMEDCOM organizations with area support responsibility (reimbursable basis) (see AR 5-9).
- (c) The U. S. Army Medical Materiel Agency (USAMMA) Maintenance Divisions (reimbursable basis).

(6) Maintenance engineering will be employed throughout the life cycle of medical materiel, to ensure adequate logistics support.

(7) All items of medical equipment shall be tested and documented prior to initial use and at least annually thereafter.

#### b. Considerations

(1) In the implementation of an effective ARNG Medical Equipment Maintenance program, several problems must be overcome:

(a) The separate medical equipment maintenance system existent in the active component does not exist in the ARNG.

(b) Units are handicapped by a lack of maintenance literature on medical equipment.

(c) Both State Surface Maintenance Managers and Units lack the staffing necessary to accomplish required medical equipment maintenance, this will become a larger problem due to the restructure process.

c. Establishment of a functional medical equipment maintenance program will require the following steps:

1. Provide adequate space and time to conduct medical maintenance functions.
2. Identify the medical equipment that requires periodic maintenance.
3. Provide users with the technical manuals or manufacturer literature necessary to define maintenance intervals and procedures.
4. Identify medical equipment maintenance resources.
5. Establish required medical equipment maintenance records.
6. Schedule periodic medical equipment maintenance.
7. Specify procedures for obtaining support for medical maintenance requirements beyond the capability of the using unit.
8. Monitor the effectiveness of the system.
9. Insure trained, qualified personnel are available for medical maintenance.
10. Identify special considerations.
11. Provide procedures for USR feeder information.
12. Establish repair parts procedures.
13. Modification and alteration of medical equipment.

### **3-2. PROVIDING ADEQUATE TIME AND FACILITIES SPACE FOR ADMINISTRATIVE AND MEDICAL MAINTENANCE FUNCTIONS**

Consideration should be given to:

- a. Adequate lighting.
- b. Administrative space.
- c. Maintenance/work area and storage space.
- d. A secure area for Test, Measurement and Diagnostic Equipment (TMDE), i.e., a separate secure room or lockable cabinet(s).
- e. Adjust training schedules if necessary to allow for maintenance functions.

### **3-3. IDENTIFICATION OF MEDICAL EQUIPMENT REQUIRING PERIODIC MAINTENANCE AND AN EQUIPMENT MAINTENANCE LOG**

a. Table 3-1 is the current list of ARNG medical equipment requiring periodic maintenance. An additional source that should be consulted to identify maintenance-significant items in medical equipment sets is the materiel-fielding plan (MFP) for the set.

b. The list should not be considered inclusive due to current unit assemblage (UA) listings and mission requirements. Medical equipment items on hand not listed but are generally the same as a listed item, will also require a maintenance log.

c. Maintenance records specified in TB 38-750-2 (Maintenance Management Procedures for Medical Equipment, with Changes 1-3) must be maintained.

d. The codes used are defined below for the scheduling of periodic services.

Q = Quarterly S = Semi-annual A = Annual

e. The requirement for a maintenance function at a specific periodic interval does not preclude the function from being performed at a shorter interval. During

prolonged exercises or missions involving patient-treatment, scheduled testing of electrically operated medical equipment designated for use in critical care areas will be performed semi-annually. A variance of plus or minus 10% is authorized in the performance of a scheduled service (i.e., 9 days before/after the due date for a quarterly service). Although all equipment items listed require PMCS (preventative maintenance checks & services), CVC (calibration, verification & certification) or ES (electrical safety), testing is required only as identified on the listing. All codes given in Table 3-1 are defined on page 3-10.

f. The first alphabetical code used in the CVC column designates the lowest applicable maintenance level:

O - Organizational  
F - or H - Intermediate, and  
D - Depot, N/A - not applicable.

g. The second code designates the frequency at which the service is required. Lack of qualified personnel and or TMDE in reserve component units may require performance of CVC services by higher-level maintenance activities.

TABLE 3-1. MEDICAL EQUIPMENT REQUIRING AN  
EQUIPMENT MAINTENANCE LOG (ARMY NATIONAL GUARD)

NSN	PMCS	CVC	ES	NOMENCLATURE
4110001138334	A		A	FRIG SOLID STATE BIO
6130010701500	A		A	POWER SUP 115V60HZ AC
6515004770770	A	A	A	DEFIB MON/RCDR
6515005507199	A			OTOSCOPE&OPHTH SCOPE
6515010617811	A			RESUSCITATOR-INHALATI
6515012848704	A		A	SUCTION APPAR TRACH
6515013333165	A			OTOSCOPE & OPHTH SET
6515013386602	A			RESUSCITATOR HAND OPR
6515013469186	A		A	TRACTION APPARATUS
6515013814456	A	A	A	PUMP I.V. INFUSION
6515014660971	A	A		OXIMETER PULSE FINGER
6520000000158	A		A	OPERATING TRMT UNIT
6520001490123	A		A	AMALGAMATOR ELEC 115V
6520011256618	A			TESTER PULP DEN BAT
6520011365840	A			STOOL DEN OP CHR PORT
6520012048688	A		A	SONIC PROPHYLAXIS UN
6520012965760	A		A	CURING SYSTEM DENTAL
6520014263683	A		A	OPERATING & TREATMENT
6520014463783	A			CHAIR DENTAL OPERATING
6520014464170	A		A	LIGHT DEN OPER FIELD

(continued) TABLE 3-1. MEDICAL EQUIPMENT REQUIRING  
AN EQUIPMENT MAINTENANCE LOG (ARMY NATIONAL GUARD)

NSN	PMCS	CVC	ES	NOMENCLATURE
6525004559947	A		A	VIEWER DEN RAD 115 V
6525010992320	A	A	A	X-RAY: APPARATUS DEN
6525011669033	A		A	SCREEN XRAY MBL PROT
6525013253740	A	A	A	X-RAY APP LOW CAP FLD
6525013456089	A		A	PROCESSING MACHINE
6530007098175	A			TABLE OPER RM FIELD
6530007826503	A		A	SINK UNIT SURG SCRUB
6530009372204	A	A/D	A	LIGHT SLIT OPHTH ADJ
6530011885294	A		A	STERILIZER SURG
6540001165780	A		A	EDGING MACH OPHTH
6540002998688	A			OPHTHALMOSCOPE RETINO
6540003247475	A		A	DEPTH PERCEPT APP OPH
6540003826100	A			TONOMETER OPHTH SCHIO
6540004435864	A		A	PROJEC VISUL115VAC-DC
6540008776464	A			PHOROPTER MINUS CYLIN
6540011458775	A			CHAIR OPTOM PORT METL
6540011628234	A		A	ARM PHOROPTER REFRACT
6630014112568	A	A	A	ANALYZER CLINICAL
6630014222098	A		A	PRINTER ANALYZER PORT
6630014729862	A	A	A	ANALYZER BLOOD GAS
6640002736965	A	A	A	CENTRIFUGE LABORATORY
6640004188010	A			COUNTER BLOOD CELLS
6640011721132	A		A	ROTATOR LAB VAR SPEED
6640011767613	A		A	SHAKING MACH LAB AC
6640012052422	A			CENTRIFUGE LAB BAT 9V
6650009333218	A			REFRACTOMETER HAND
6650009736945	A	A/D	A	MICROSCOPE OPTICAL
6650010223602	A	A/D	A	LIGHT MICROSCOPE
6650012070829	A	A/D	A	MICROSCOPE OPT BINOC
6650012593008	A	A/D	A	MICROSCOPE OPTICAL
7105007100210	A			TABLE FLDG LEG LAB

Notes: The following list indicates SRC ID and Unit Type where the medical equipment shown above is located.

ARNG Units are under COMPO 2

SRC ID	Unit Type/Designation
446L000	HHD, Medical Evacuation Battalion
447L100	Air Ambulance Company (UH-1A)
447L200	Air Ambulance Company (UH-1A) UH-60)
456A000	HHD, Area Support Medical Battalion
457A000	Area Support Medical Company
753A000	Area Support Medical Detachment

**See additional notes at the top of the next page**

(continued) TABLE 3-1. MEDICAL EQUIPMENT REQUIRING AN  
EQUIPMENT MAINTENANCE LOG (ARMY NATIONAL GUARD)

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NOTES:

1. Units who do not have TMDE or lack qualified personnel (MOS 91A) or (MOS 670A) to perform complete CVC services, will rely on intermediate-level support for procedures beyond their capabilities.
  2. During peacetime, the USAMMA Medical Equipment Maintenance Divisions are tasked to perform intermediate level support as requested.
  3. PMCS, CVC, and ES services must be performed by qualified 670A or 91A MOS medical maintenance personnel. Operator verification of equipment operation is not to be considered as meeting the requirements for scheduled PMCS.
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### **3-4. REQUIRED TECHNICAL MANUALS AND MANUFACTURERS' LITERATURE**

- a. DoD or DA TMs define maintenance intervals and procedures. When TMs are not available, manufacturers' manuals will be used to establish maintenance requirements.
- b. Medical equipment TMs and TBs that have been published are shown in Table 3-6. A paper copy of the publication may be ordered by using the number given in the IDN/Block No. Column. An electronic version of the publication can be obtained by calling DSN 343-4379 or commercial 301-619-4379. Information for obtaining publications may also be found on USAMMA's Maintenance Directorate website at **[www.armymedicine.army.mil/usamma/maintenance/](http://www.armymedicine.army.mil/usamma/maintenance/)**.



**TABLE 3-2. MEDICAL EQUIPMENT TECHNICAL PUBLICATIONS**

<u>Publication</u>	<u>Title</u>	<u>IDN/ Block No</u>	<u>Date</u>
TM 8-4110-001-24&P	Refrigerator, Mechanical Blood Bank	4000	Sep 90
TM 8-4110-002-14&P	Refrigerator, Solid State, Biological, Mdl DLA 50T	344636	Jan 98
TM 8-6500-001-10-PMCS	Operator's PMCS for Reportable Medical Equipment	1757	Dec 89
TM 8-6515-001-24&P	Anesthesia Apparatus	3938	Sep 90
TM 8-6515-003-24&P	Electrosurgical Apparatus, Mdl Force 2	4496	Sep 93
TM 8-6515-004-24&P	Suction Apparatus, Oropharyngeal, Mdl 308M	4501	Oct 93
TM 8-6515-005-24&P	Bronchoscope, Flexible, Fiber Optic, Mdls F3 and F3G	4513	Mar 94
TM 8-6515-006-24&P	Light, Endoscopic Instrument, Mdl 52-1201	4516	Jun 94
TM 8-6515-007-24&P	Light, Endoscopic Instrument, Mdl DLMP-300	4520	Jul 94
TM 8-6515-008-24&P	Suction Apparatus, Surgical Mdl 6003	4552	Sep 94
TM 8-6515-009-24&P	Drainage Unit, Pleural Cavity, Mdl 6053	4564	Nov 94
TM 8-6515-010-14&P	Arthroscopic Surgical Unit	344695	Oct 99
TM 8-6515-012-14&P	Thermometer, Clinical, Human, Electrical, Mdl 600	344694	Jan 99
TM 8-6515-013-14&P	Suction Apparatus, Mdl 306M	344701	May 00
TM 8-6520-001-24&P	Light, Dental, Mdl LFII	4405	Jun 91
TM 8-6520-002-24&P	Dental Operating Unit, Mdl 3406 Porta-Cart	4407	Aug 91
TM 8-6520-003-24&P	Compressor Dehydrator, Dental, Mdl M5B	4389	Dec 91
TM 8-6520-004-14&P	Dental Operating Chair & Stool Unit, Mdl CM-185	344644	Apr 98
TM 8-6530-004-24&P	Sterilizer	4010	Oct 90
TM 8-6530-005-24&P	Cleaner, Ultrasonic Mobile	4260	Feb 91
TM 8-6530-007-24&P	Cabinet, Solution Warming, Mdl 550 (Change 1)	3554	Feb 92 Mar 92
TM 8-6530-008-24&P	Cabinet, Solution Warming, Mdl 5550	3484	Mar 92
TM 8-6530-009-24&P	Ventilator, Volume, Portable, Mdl 750 & 750M	4454	Aug 92
TM 8-6530-010-24&P	Light, Surgical Field	4486	Apr 93
TM 8-6530-011-14&P	Table, Operating, Field	344648	Feb 98
TM 8-6540-002-14&P	Light, Slit, Ophthalmic, Mdl SL-6E	344663	Aug 98
TM 8-6545-001-24&P	Sink, Surgical Scrub, Field	4425	Sep 91
TM 8-6640-001-24&P	Centrifuge, Laboratory Model SEROFUGE II	4580	Jun 95
TB MED 7	Maintenance Expenditure Limits for Medical Equipment (Change 1)	3397	Jun 92 Oct 93
TB MED 750-1	Operating Guide for Medical Equipment Maintenance	344615	Apr 98

### **3-5. IDENTIFICATION OF MEDICAL EQUIPMENT MAINTENANCE RESOURCES**

- a. MOS 91A personnel assigned to the unit.
- b. MOS 91A personnel assigned to other ARNG units within the state.
- c. MOS 91A personnel in USAR units located within the State.
- d. The medical equipment branch of the logistics division of the MEDDAC with geographic support responsibility for the State. See appropriate MEDCOM Regulation that provides medical equipment maintenance support:
  - (1) Will be provided as requested for the ARNG.
  - (2) Repair parts and labor provided by MEDDAC/MEDCEN Bio-Medical
  - (3) Equipment Technicians (BMET) costing more than \$100 per quarter will be reimbursable.
  - (4) Civilian labor costs are reimbursable.
  - (5) Military labor costs are reimbursable.
  - (6) TDY expenses are reimbursable.
  - (7) Repair parts provided for use of ARNG BMETs are reimbursable.
- e. Surface Maintenance Managers (SMM) are encouraged to establish liaison with the Chief, Medical Equipment Maintenance Branch, of the supporting MEDDAC/MEDCEN. Several actions, to include the following, will help minimize the cost of obtaining USAMEDCOM support.
  - (1) Evacuate equipment requiring medical equipment maintenance to the MEDDAC/MEDCEN where feasible, thus avoiding TDY costs.
  - (2) Coordinate with MEDDAC/MEDCEN Medical Maintenance to schedule preventive maintenance support visits to ARNG activities. Attempts should be made to schedule the support in conjunction with other AMEDD preventive maintenance visits in order to reduce or eliminate TDY costs.
- f. Use local installations of other military services that may provide gratuitous medical equipment maintenance support. Air Force and Navy installations are not obligated to provide support to the ARNG.
- g. Use the USAMMA Medical Maintenance Operations Division (MMOD) located at: Tracy, CA, Hill AFB, UT or Tobyhanna, PA. The National Guard Bureau (NGB) centrally funds the sustainment and repair of all medical equipment at the DS and GS levels. For medical equipment support contact the nearest MMOD.
  - (1) Medical Maintenance Operations Division-Tracy, CA, DSN 462-4562 / commercial 209-839-4562.
  - (2) Medical Maintenance Operations Division-Tobyhanna, PA, DSN 795-7744 / commercial 570-895-7601.
  - (3) Medical Maintenance Operations Division-Hill Air Force Base, UT, DSN 586-4946 / commercial 801-586-4946.

h. Repair parts for medical equipment may be obtained through the federal supply system or, if stocked, from the IMSA at the supporting MEDDAC/MEDCEN (reimbursable). A cross-index of part numbers to NSN may be found in *TM-DSPC-6500-RPL*.

### **3-6. ESTABLISHMENT OF REQUIRED MEDICAL EQUIPMENT MAINTENANCE RECORDS**

a. Commanders of medical units/activities should provide the resources and command emphasis necessary to ensure that unit personnel are properly trained and are performing the maintenance management procedures as outlined in *TB 38-750-2*. These forms and records, when properly maintained give the commander a picture of the condition, use, and operational needs of the medical equipment within the command. They also provide an audit trail for parts and labor costs and feeder information for USR Reporting as per AR 220-1 (Unit Status Reporting) and *AR 700-138* (Army Logistics Readiness and Sustainability).

b. Records will be established as provided in *TB 38-750-2*, Chapter 2. Records will be established and maintained for all equipment identified as requiring periodic maintenance.

c. Calibration records for audiometers generated by the microprocessor-controlled calibration equipment must be maintained as permanent records in accordance with TB MED 501. (Also see *TB 8-6515-001-35*, para 1-4, Calibration and Repair Audiometric Equipment).

### **3-7. SCHEDULE PERIODIC MEDICAL EQUIPMENT MAINTENANCE**

a. All medical maintenance significant items will be listed on the maintenance schedule. (DD Form 314; *TB 38-750-2*, para 2-2)

b. Scheduling considerations:

(1) If maintenance is to be performed by a visit of supporting BMET personnel, schedule preventive maintenance for all or most equipment on the same date.

(2) Recommend synchronization with MEPS support plans.

(3) Maintenance schedules as established in Table 3-1, this chapter, are considered a minimum and must be adhered to.

(4) In units that have a medical maintenance capability it is recommended that equipment be scheduled by section and spread out over a 12 month period, taking into account the individual section's mission requirements and conflicts with the unit training schedule. It is further recommended that maintenance scheduling coordination take place during the unit's annual training planning workshop.

(5) During prolonged exercises or missions involving patient treatment, scheduled testing of electrically operated medical equipment designated for use in critical-care areas will be performed semiannually.

### **3-8. SPECIFIC PROCEDURES FOR OBTAINING SUPPORT**

a. State Surface Maintenance Managers (SMMs) must provide ARNG units with workable procedures to secure medical equipment maintenance support beyond their organic capabilities.

b. It is recommended that State SMMs establish a POC for the AMEDD to provide the necessary help and resources for medical maintenance.

c. Units without medical maintenance capabilities will evacuate the equipment to their supporting OMS (Organizational Maintenance Shop) along with the necessary supporting documentation. If medical maintenance service is not available at the OMS level, the equipment needing service or repair will then be evacuated to the State CSMS. A determination can then be made as to the best method to achieve maintenance support.

d. Factors affecting the achievement of desired medical maintenance support:

- (1) Readiness
- (2) Units need for the equipment due to mission requirements
- (3) Cost factors---Desired rapid response from Contract Maintenance support is most often cost prohibitive

### **3-9. MONITOR THE EFFECTIVENESS OF THE SYSTEM**

a. Once established, the effectiveness of the medical equipment maintenance system should be monitored during formal and informal maintenance inspections and visits. Inspectors without a medical equipment repair background should be capable of the following procedures.

1. Inspect maintenance records for completeness and notation of completion of required periodic maintenance.
2. Check the availability of technical manuals or manufacturer literature on medical equipment requiring periodic maintenance.
3. Evaluate the serviceability of a small quantity of equipment using technical manuals and manufacturer's literature.
4. Inform unit personnel without organic medical equipment repairers (MOS 91A) where and how to evacuate medical equipment for maintenance.

### **3-10. PROVIDE FOR QUALIFIED, TRAINED MEDICAL MAINTENANCE PERSONNEL**

a. The electronics employed in the use and function of medical equipment is essentially the same as that used with any electronic equipment. However, based on the fact that medical equipment has a direct relationship to the patient, (poses a potential risk to the equipment operator or patient) special instruction is given to BMET that prepare them for their technical mission.

b. Areas of training and instruction are listed below.

(1) DOD BMET Training Course, Sheppard Air Force Base, Texas.

(2) Equipment update sustainment training.

(a) Military provided. Conducted at DOD BMET.

(b) Civilian manufacturer provided. Conducted nation wide.

### **3-11. SPECIAL CONSIDERATIONS**

a. Audiometer Calibration. Audiometer calibration will be performed "in-house" only by the USAMMA- Medical Maintenance Operations Division, Tobyhanna Army Depot (see *TB 8-6515-001-35*, para 1-3). Request initiation of audiometer calibration service by submission of a letter listing audiometer densities, model numbers and locations, through the State Surface Maintenance Manager, to: Commander, USAMMA, ATTN: MCMR-MMM, 1423 Sultan Dr., Suite 100, Fort Detrick, MD 21702-5001. This calibration service is centrally funded by NGB-ARL-M.

b. X-ray system calibration. Particular emphasis should be given to maintenance of x-ray systems. Potential for incorrect or excessive radiation dose from non-maintained or infrequently calibrated x-ray apparatus is great. Maintenance services and radiation protection surveys will be performed as prescribed by manufacturers' manuals and in accord with TB MED 521. Only qualified medical equipment repairers (MOS 670A or MOS 91A) or the civilian equivalent will perform maintenance and calibration on ionizing radiation medical equipment. Performance requirements are outlined in 21 CFR, and manufacturers' written specifications. Calibration of diagnostic X-ray equipment shall be on an annual basis or in accord with the manufacturers instructions, whichever is the most stringent. X-ray equipment that receives repair service and requires an exchange of parts or certified components that could affect the radiation output or overall calibration will be recalibrated prior to further use (see AR 40-61, para 6-6).

c. Safety: Many items of medical equipment present a potential safety hazard to both the operator and the patient. Most often, problems arise when operators have insufficient training and/or experience in the proper use and safe operation of equipment. Even experienced and skilled operators may endanger their own life and that of the patient when they become careless and fail to adhere to safe operating procedures and practices. Particular emphasis should be placed on the safe handling, storage and shipment of compressed gas cylinders. Additional guidance can be found in AR 700-68.

d. The DA SB 8-75 series is a frequent source of biomedical equipment serviceability and maintenance information. All ARNG organizations with medical elements should receive and read these publications. Use IDN (Block No.) 340016.

e. Remedial maintenance (repair)---Medical equipment repair is authorized at all levels of maintenance. Repair will be performed only by or under the supervision of a health services maintenance technician, military occupational specialty (MOS) (670A), a medical equipment repairer (MOS 91A), or the civilian equivalent. The repair function consists of a technical inspection (TI), verification

inspection (VI), classification, testing, servicing and all actions necessary to return an item to a fully mission capable status. (AR 40-61). In the event that there are no medical maintenance qualified personnel within a unit or activity, it is recommended that the unit's calibration monitor, preferably a Medical Supply Specialist MOS 91J be given the responsibility to oversee maintenance scheduling, record keeping and obtaining the necessary maintenance functions.

### **3-12. UNIT STATUS REPORTABLE (USR) MEDICAL EQUIPMENT**

a. All National Guard (ARNG) units operating equipment listed in appendix B, AR 700-138 will submit their Materiel Condition Status Reports (MCSR) IAW the reporting instructions of AR 700-138.

b. Effective 1 October 1990, medical equipment deemed critical to the unit's medical mission is listed in AR 700-138 and requires materiel condition status reporting. The equipment readiness goal for these reportable items is 90 per cent fully mission capable (FMC). The ultimate goal is to reach and sustain a FMC status of 90 per cent for all equipment.

c. Medical equipment maintenance personnel will provide feeder information to the unit commander or his/her authorized representative for preparation of the USR. The backside of DD Form 314 will be used for these computations (See TB 38-750-2, para 2-2). Maintenance records and forms for this equipment will be prepared and maintained IAW AR 700-138 and TB 38-750-2.

d. ARNG (including mobilization and training equipment sites (MATES) units will make a quarterly report on a DA Form 2406 covering a 3-month period ending 15 January, 15 April, 15 July, and 15 October. Assets at Mobilization and Training Equipment Sites (MATES), Unit Training Equipment Sites (UTES), or Equipment Concentration Sites (ECS) are not loaned equipment. The MATES keep the DD Form 314 for ARNG units, however only the owning ARNG unit will report this equipment.

### **3-13. REPAIR PARTS PROCEDURES**

The AMEDD is currently rewriting AR 40-61 and the procedures for medical repair parts will require change. The Department of the Army Deputy Chief of Staff for Logistics (DA DCSLOG) has changed the repair parts stockage criteria which the AMEDD has an exception. Advise all ARNG units to continue per the current AR 40-61, but expect new information within the next fiscal year.

a. Classification of repair parts. (AR 40-61)

(1) Prescribed Load List (PLL):

(a) Medical repair parts will be excluded from unit computations for the total PLL 300-line limit. (DA Pam 710-2-1, Using Unit Supply System)

(b) Medical equipment PLL stocks and records will be located with the medical equipment repair section.

(c) ARNG units with qualified medical maintenance personnel may be issued repair parts on a reimbursable basis. Such issues are normally made by the supporting IMSA.

(2) Mandatory Parts List (MPL) (AR 40-61)

(a) ARNG Medical units authorized a medical equipment maintenance capability (MOS 91A authorized in MTOE) are also authorized to stock MPL for selected items of medical equipment. Designated quantities of applicable MPL must be on hand or on order at all ARNG D to D+60 medical units with MTOE 91A positions. Medical companies in divisions and separate brigades should carry MPL that will also support the medical platoons and sections in the combat-support battalions to which they provide Class VIII support.

(b) Documentation procedures are contained in DA Pam 710-2-1 and TB 8-6500-MPL for units operating under a manual supply system.

b. NGB recommends:

Unit establishment of MPL is monitored by SMM.

c. Management procedures for medical materiel repair parts is contained in AR 40-61, AR 710-2, TB 750-2, and DA Pam 710-2-1.

### **3-14. MODIFICATION AND ALTERATION OF MEDICAL EQUIPMENT**

a. Modification classifications.

(1) Mandatory---Includes all changes to standard equipment. These modifications will be made in accordance with AR 70-1 (Army Acquisition Policy) and AR 750-10 Modification of Material and Issuing Safety-of-Use Messages). A DA modification work order is the authority for the application of a mandatory modification.

(2) Quality assurance alteration---A change required to correct hazards or faults in standard and nonstandard medical equipment. Changes will be announced by the USAMMA, Medical Materiel Quality Control messages (DOD-MMQC-xxxx).

(3) Minor alterations---Necessary changes to medical equipment that will enhance or improve its safe operation without altering its basic characteristics. These alterations may be performed only when the medical maintenance element has the capability to do so and the commander approves them. (AR 40-61)

(4) "Other" alterations---Changes made to equipment by a using organization. The commander may authorize these alterations for a special purpose or for component modernization as described below.

(a) Special purpose. A temporary alteration that is required for medical purposes that does not permanently affect the internal configuration of the equipment. The item will be restored to its original condition after the requirement is over.

(b) Component modernization. The upgrade of equipment by manufacturer authorized changes. Only qualified medical maintenance personnel according to manufacturer specifications accomplish it.

b. Modification and alterations will be recorded in maintenance records in accordance with TB 38-750-2. It should be recognized that minor alteration or special purpose alterations, without manufacturer consent, may negate any further manufacturer product liability.

c. Standardization. Although individual medical items are standardized by ARNG units and activities, personnel may submit to the Joint Readiness Clinical Advisory Board (JRCAB) – formerly known as the Defense Medical Standardization Board (DMSB) - recommendations for new or improved medical equipment. Recommendations with justifications for MTOE materiel should be submitted by letter to the

Commandant, AMEDD Center and School (AMEDDC&S)  
ATTN: HSHA-FC  
Fort Sam Houston TX 78234-6100

(1) For non-type classified medical equipment, submit to:

HQDA (DASG-LO)  
5109 Leesburg Pike  
Falls Church VA 22041-3258

(2) Refer to AR 40-6 for a listing of minimum required information. It is recommended that a copy of this submittal be forwarded to:

Chief, National Guard Bureau  
ATTN: NGB-ARS  
111 South. George Mason Drive  
Arlington VA 22204-1382

d. For additional information, contact the NGB-ARS, DSN 327-7146/COMM 703-607-7146.

### **3-15. TEST, MEASUREMENT, AND DIAGNOSTIC EQUIPMENT (TMDE)**

a. Test, Measurement, and Diagnostic Equipment (TMDE) are those devices used to evaluate the operational condition of an end item or system, or identify/isolate equipment malfunctions. TMDE-Special Purpose (TMDE-SP) is any of these devices, which is exclusive or unique for support of and functionally restricted to a specific type or class of equipment (i.e. defibrillator analyzer or infusion pump tester). TMDE-General Purpose (TMDE-GP) is any device that may be used to service many end items or systems (i.e., oscilloscope or multimeter).

b. References are:

- (1) AR 40-61, *Medical Logistics Policies and Procedures*.
- (2) AR 750-43, *Army Test and Diagnostic Equipment Program*.
- (3) TB 43-180, *Calibration and Repair Requirements for the Maintenance of Army Materiel*. [Available only on CD-ROM]}
- (4) TB 750-25, *Maintenance Of Supplies And Equipment Army Test, Measurement, And Diagnostic Equipment (TMDE) Calibration And Repair Support (C&RS) Program*. [Available only on CD-ROM]}



c. The Unit Commander will designate a TMDE Coordinator IAW AR 750-43. The TMDE coordinator will administer the unit TMDE program and coordinate with the Calibration Section at the Combined Support Maintenance Shop (CSMS) to ensure TMDE is accurately entered into the Instrument Master Records File (IMRF) and periodically scheduled for calibration services. Calibration responsibility and intervals are identified in TB 43-180.

(1) TMDE-GP will be calibrated and repaired by the CSMS or Area Calibration Repair Center (ACRC) responsible for the user or owner's geographical area.

(2) TMDE-SP listed in TB 43-180 with an "F" level indicated in the calibration responsibility column may be shipped to USAMMA's Medical Maintenance Operations Division Tracy for calibration services. The FREIGHT address is:

Medical Maintenance Operations Division  
 Defense Distribution Center, Tracy Site  
 Building T-255  
 Tracy CA 95376-5050  
 DODAAC: W62SEV

(a) The TMDE-SP items shipped to Tracy for calibration service must be accompanied by a DA Form 2407 (Maintenance Request) completed as specified in accordance with TB 38-750-2 (Maintenance Management Procedures for Medical Equipment).

d. Table 3-3 illustrates TMDE items common to DA Medical TOE organizations. Unit TMDE authorizations can be derived from the units MTOE.

TABLE 3-3. TMDE

<u>LIN</u>	<u>NSN</u>	<u>Nomenclature</u>	<u>Model</u>	<u>Cal Resp</u>	<u>Cal Int</u>
C05856	6525013870212	Multimeter, Radiographic	PMX III	P	360
C05856	6625013120894	Xray Cal/Ver System	07457/472/473	P	360
C14589	6625011858448	Calibrator Timer, X-Ray	07-457	F	360
C19266	6625012713012	Universal Counter	1992/04E/55	T	360
C61455	6515010499449	Calibrator Generator	ECG 100	F	360
C61523	6695012552855	Calibrator-Analyzer	RT-200	P	360
C74198	6525010394019	Cassette, Xray Test	07-467		CNR
D94348	6525011611945	Densitometer SU150/P	07-423	P	360
N32160	6625012728054	Oscilloscope OS-261/U		T	360
M23954	6625011452430	Multimeter AN/USM-486/U	8050A-01	T	480
M38443	6695012177647	Metr Foot Cl		F	720
M38443	6695013030294	Meter Foot Candle	9-118	F	720
M60449	6625012656000	Multimeter AN/PSM-45A	27/FM	T	600
P30693	6625011877847	Oscilloscope USM-488	2235L	T	240
P32228	6625010079416	Oscilloscope OS-262 (P)/U		T	210

(continued) TABLE 3-3. TMDE

<u>LIN</u>	<u>NSN</u>	<u>Nomenclature</u>	<u>Model</u>	<u>Cal Resp</u>	<u>Cal Int</u>
P33687	6625012580022	Oscilloscope, OS-291/G	2430A	T/S	360
R95994	6625011417357	Radiometer	UMR-3	F	360
S48323	6625012769421	Signal Generator	SG1288	T	360
S56720	6625012177624	Sim Patient	SM847U	F/T	360
S56720	6625012983830	Simulator, Medical Function	215M	F	360
S65581	6625011336160	Signal Generator		T	180
T02889	6625004339063	Tester, Defib	DT2000A	F	360
T07421	6680012219044	Tachometer	TS4134(P)/G		CNR
T07421	6680013078190	Tachometer, Non Contact	1893A		CNR
T61791	6625011428233	Tester, Current Leakage	232M	F/T	360
T77263	6625012550839	Test Set Electronic	HTR2000/ Huntron		CNR
T90883	6625010428213	Test Set Electrosurgical	RF302	F/T	360
Z05382	6515014491420	Analyzer Defib/EKG	Impulse 4000	T	360
Z07763	6515014491423	NIBP Analyzer	Cufflink	S	360
Z14582	6515014491422	Simulator, Pulse Oximetry	Cardiosat EF	F	360
Z27500	6515014492331	Infusion Pump Tester	IPT-1	F	360
Z28075	6515014491421	Tester, Ventilator	Pneuvew36000 I	F	360
Z47763	6525014489577	Oscilloscope, Digital	THS720P	F	360

## NOTE:

Questions concerning TMDE should be directed to the

USAMMA  
 ATTN: MCMR-MMM-P  
 Fort Detrick MD 21702-5001  
 DSN 343-4382 / commercial 301-619-4382.

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**CHAPTER 4. FEDERAL SUPPLY CLASS 6505 MATERIEL**

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**4-1. ARMY NATIONAL GUARD POLICY ON THE MANAGEMENT OF PHARMACEUTICALS IN MEDICAL ELEMENTS**

a. This guidance is intended to supplement AR 40-2 (*Army Medical Treatment Facilities - General Administration*), Chapter 7, and AR 40-61, as they apply to the Army National Guard.

b. This guidance establishes policy and responsibilities relative to the management of Federal Supply Class (FSC) 6505 materiel (pharmaceuticals) in the ARNG. It is applicable to all ARNG units/elements, ARNG TMCS, and ARNG PESs. It restricts authority to issue pharmaceuticals to the USPFO and other units and agencies operating as SSAs. Class VIII expendables are funded through OPTEMPO funds to include Aviation Life Support Equipment (ALSE). Weapons of Mass Destruction-Civil Support Teams (WMD-CST) are authorized a base formulary by USA MEDCOM and NGB Surgeon and any additional formulary items may be added by the State Surgeon

**4-2. STOCKAGE LISTS**

a. USPFOs may provide IMSA-type support to ARNG units. USPFOs and ARNG TOE units assigned a medical supply support mission will operate in accordance with AR 40-61.

b. Contracts with PVs have reduced the requirement to stock large quantities of FSC 6505 items. This reduction has resulted in large cost savings because items no longer sit on warehouse shelves waiting to expire. Prime Vendor service is contracted to provide the item(s) within 10 days, and is available throughout the United States and many parts of the world.

c. States may utilize several options with respect to the PV system, refer to para 1-10 of this publication for guidance.

**4-3. ARNG UNITS ASSIGNED A PATIENT-CARE MISSION**

a. ARNG units assigned a mission of providing patient care to military personnel, authorized such care by AR 40-3, may requisition and use controlled, shelf life refrigerated materiel. During use, units will control and account for those items according to AR 40-2 *Medical, Dental and Veterinary Care*, chapter 3, AR 40-61, and this publication.

b. Authorized pharmaceuticals will be listed on a formulary signed by the State Surgeon. The Chief Surgeon, NGB is the approving authority for the Civil Support Team (CST) Formulary. The State Surgeon will countersign the CST formulary annually.

**4-4. FORMULARIES**

a. A formulary is defined as a list of pharmaceuticals authorized for stockage by a medical element. The only units authorized to stock FSC 6505 materiel are those with formularies approved by the State Surgeon and Chief Surgeon, NGB.

b. All medical units and medical elements of operational units will have an individual formulary. The State formulary is a master list of all FSC 6505 items on all individual unit formularies. ARNG Weapons of Mass Destruction-Civil Support Teams (CST) are authorized to stock FSC 6505 year round. ALL controlled Medical, Nuclear, Biological, and Chemical Defense Materiel (MNBCDM) CMDE will be authorized by Office of the Surgeon General (OTSG) Operations

c. Format:

(1) To be valid, a formulary must list the unit to which it applies, identify and state the level of provider (physician or physician's assistant, etc.) who must be present to dispense Each pharmaceutical not authorized for dispensing by a medical health care specialist. **The formulary must be dated and signed by the State Surgeon (signature authority cannot be delegated). The State Surgeon will provide to the USPFO, in writing, the highest -level health care provider assigned to the unit.** This enables the USPFO to approve requisitions for items that regulations and laws allow to be dispensed by the personnel assigned to the unit. With the exception of the items listed in paragraph f. (2) below, ARNG units will **not** stock FSC 6505 item, unless authorized on the unit's validated formulary. See below for an example of formulary format.

(2) Each item listed on the formulary will be described with its NSN/MCN (Management Control Number, for Prime Vendor items where an NSN is not available), nomenclature, size of unit pack or strength (i.e., 50s, 10mg/ml).

(3) Controlled substances authorized by formulary will show R or Q in the NOTES column as listed by Controlled Inventory Item Code (CIIC) field in the Management Data Section of the *DoD Medical Catalog* (MEDCAT) or *Universal Data Repository* (UDR). Both publications are on CD-ROM format.

(4) The State Surgeon will sign and date each formulary.

d. Review:

(1) The formulary will be reviewed annually by the State Surgeon. A new signature and date by the State Surgeon is the evidence of an annual review. This review should take place with enough time before the AT cycle to allow units/elements and the USPFO to make the required adjustments. The exception is the Weapons of Mass Destruction - Civil Support Team (WMD - CST). The WMD-CSTs are authorized to stock FSC 6505 items to include controlled substances all year based on the WMD-CST base formulary.

(2) Additional FSC 6505 may be added upon approval of the respective State Surgeon and the additional formulary items added within the respective state should be funded with state's Indirect OPTEMPO funds. Items required infrequently, other than those that could be required for emergency treatment to preserve life, limb or eye sight, should be omitted from the formularies of MTOE units. When these items are required, they should be procured by individual prescription from military medical

facilities or civilian pharmacies. Formularies are considered valid for one year. Please see Table 4-1 for the formulary example.

**TABLE 4-1. EXAMPLE OF FORMULARY**

<b>Nomenclature</b>	<b>NSN</b>	<b>Provider</b>	<b>Note</b>	<b>Cost</b>	<b>Qty</b>
ACETAMINOPHEN 325mg Tablets, 50's	6505-01-017-1625	91W		\$0.76	6 BTL
ACYCLOVIR OINTMENT 5% 15 gm	6505-01-137-8451	PA		\$51.69	2 EA
ALBUTEROL INHALATION AEROSOL 17GM	6505-01-116-9245	PA		\$13.00	3 EA
ALUMINUM ACETATE/ACETIC ACID OTIC SOL 2% 60 ML	6505-00-104-8061	91W		\$15.76	3 BTL
ALUMINUM GEL MAGNESIUM TRISILICATE TABS 100's	6505-00-148-4631	91W		\$2.73	2 BTL
ALUMINUM HYDROX GEL, MAGNESIUM, SIMETH 5oz, 48's	6505-00-080-0975	91W		\$6.32	1 CS
AMOXICILLIN CAPS 250 MG 100's	6505-01-010-7953	PA		\$2.00	12 BTL
ANTIDOTE TREATMENT KIT CYANIDE (Treats 3 patients)	6505-01-457-8901	91W	AAC-A	\$549.45	2 PG
ANTIDOTE TREATMENT KIT NERVE AGENT	6505-01-174-9919	91W	AAC-A	\$16.87	75 EA
ANTIDOTE TREATMENT NERVE AGENT AUTOINJECTOR	6505-01-362-7427	91W	AAC-A	\$11.88	75 EA
ANTIPYRINE/BENZOCAINE OTIC Sol, 10ml	6505-00-598-5830	91W		\$1.14	3 BTL
ASPIRIN TABLETS USP 0.324GM 100S	6505-00-100-9985	91W		\$1.50	6 BTL
ATROPINE AUTO INJ 2mg	6505-00-926-9083	91W	AAC-A	\$5.28	75 EA
BACITRACIN OINT .87gms, 144's	6505-01-177-0589	91W		\$5.45	1 PG
BECLOMETHASONE INHAL 17 GM	6505-01-238-5635	PA		\$5.00	3 EA
BISACODYL TABLETS 5MG, 100's	6505-00-118-2759	PA		\$1.79	1 PG
CALAMINE LOTION 4oz	6505-00-687-4535	91W		\$1.10	6 BTL
CEFTRIAXONE SODIUM STERILE USP 500MG VIAL 10 VIAL	6505-01-221-0311	PA		\$120.90	1 PG
CEPHALEXIN CAPSULES 250MG, 100's	6505-00-165-6545	PA		\$5.69	12 BTL
CETYLPYRIDINIUM CHLORIDE/BENZOCAINE LOZENGES 648's	6505-01-421-3787	91W		\$55.41	1 PG
CHARCOAL ACTIVATED USP POWDER 15GM	6505-00-135-2031	91W		\$4.21	3 BTL
CIPROFLOXACIN TABLETS 500MG TABLETS UD 100's	6505-01-273-8650	PA		\$153.50	4 PG
CODEINE PHOSPHATE 30mg/ ACETAMINOPHEN 325mg, Tabs 100's	6505-00-400-2054	PA	Q	\$4.00	2 BTL
DIAZEPAM INJECTION 5MG/ML 2ML AUTO-INJECTOR	6505-01-274-0951	91W	Q, AAC-A	\$9.42	25 EA
DIAZEPAM TABLETS, 5mg 100's	6505-01-098-5802	PA	Q	\$2.50	1 BTL

(continued) **TABLE 4-1. EXAMPLE OF FORMULARY**

<b>Nomenclature</b>	<b>NSN</b>	<b>Provider</b>	<b>Note</b>	<b>Cost</b>	<b>Qty</b>
DIBUCAINE OINTMENT USP 1% 1OZ TUBE WITH RECTAL AL	6505-00-299-9535	91W		\$0.90	6 TU
DICYCLOMINE HCL 10 mg CAPS 100'S	6505-01-145-8827	PA		\$9.21	1 BTL
DIMERCAPROL 100 mg/ml 3ml amp 10's	6505-01-051-4831	91W		\$331.87	2 PG
DIPHENHYDRAMINE HCL 25 mg Caps 100's	6505-01-153-3272	91W		\$1.61	1 BTL
DIPHENHYDRAMINE HCL 50 mg/ml needle/syringe unit 10's	6505-00-148-7177	91W		\$6.95	2 PG
DOCUSATE SODIUM 100mg Caps, 100's	6505-00-163-7656	91W		\$2.12	1 BTL
DOXYCYCLINE 1 00 mg caps, UD, 100's	6505-00-009-5060	PA		\$6.38	4 PG
ERYTHROMYCIN TABS 250 MG 100'S	6505-00-604-1223	PA		\$3.83	12 BTL
FLUORESCIEIN NA OPTH STRIPS 1 MG 300'S	6505-01-159-1493	91W		\$125.24	1 PG
GUAIFENESIN /DEXTRAMETHORAPHAN COUGH SYRUP 4 oz	6505-01-318-1565	91W		\$1.00	12 BTL
GUAIFENESIN EXTENDED RELEASE TABLETS 600MG 100's	6505-01-238-9443	91W		\$3.89	3 BTL
HEMORRHOIDAL ADULT SUPPOSITORIES, 24'S	6505-01-350-8165	91W		\$3.17	1 PG
RANITIDINE 150MG	6505-01-317-2031	PA		\$121.36	1 BTL

## e. Post Annual Training Report of Usage:

Within 60 days of AT all medical units/elements will report the quantity of items used during their AT cycle. This allows the State Surgeon to compare projection versus actual usage and adjust authorized quantities on the formulary. This report is to be made by annotating the quantity used on the formulary.

## f. Changes to the Formulary:

(1) Items are added/deleted and quantities are changed by authorization of the State Surgeon. All changes to the Weapons of Mass Destruction-Civil Support Teams (WMD-CST) Formulary will be approved by the Chief Surgeon, NGB and countersigned by the State Surgeon. Units will petition the State Surgeon by memorandum recommending the change(s) and stating the justification. After approval, the formulary will be adjusted by the State Surgeon and distributed as described in para 4-4h.

(2) The State Surgeon processes formulary requests based on the guidance given below. Items not requiring documentation on formularies are:

- (a) Ammonia Inhalant Solution, Aromatic
- (b) Aspirin, USP
- (c) Acetaminophen, USP
- (d) Ibuprofen (100 and 200mg doses only)
- (e) Calamine Lotion, Phenolated
- (f) Chigger Repellent and Antipyretic Lotion
- (g) Isopropyl Alcohol, USP
- (h) Lubricant, Surgical
- (i) Mineral Oil, Light, USP
- (j) Petrolatum, White, USP
- (k) Povidone - Iodine Topical Solution, USP
- (l) Sunscreen Preparation
- (m) Talc, USP
- (n) Undecylenic Acid and Zinc Undecylenate Powder

g. Table of Organization & Equipment (TOE) unit formularies should not authorize pharmaceuticals, which are components of the unit's TOE sets. This restriction is not intended to limit units to items found in TOE sets if other items are needed to provide anticipated patient care. Units should not routinely order or maintain MTOE FSC 6505 items associated with unit assemblages.

h. Distribution:

Upon approval of the formulary, the State Surgeon will retain one copy, one copy provided to the unit, and one copy furnished to the stock control branch of the USPFO.

i. Formularies in combination with CTA 8-100 (*Army Medical Department Expendable/Durable Items*) constitute FSC 6505 requisitioning authority for ARNG medical elements.

j. Vaccines (as required by AR 40-562, *Immunizations and Chemoprophylaxis*) are not required to be listed on formularies. The issue of vaccines will be approved by USPFO in conformance with written guidance from the State Surgeon. Only those units with personnel trained and authorized to administer immunizations will be issued vaccines and supplies. Units wishing to stock vaccines on a year-round basis must have those vaccines listed on their formularies. Routine immunizations are funded by ARNG Medical Readiness dollars.(MDEP NG6H) The following are the routine vaccines:

- (1) Tetanus and Diphtheria
- (2) Influenza – Required for specific deployments and mobilizations
- (3) Hepatitis A
- (4) Measles, Mumps and Rubella (MMR, MR, MRV)
- (5) Polio
- (6) Tuberculosis PPD Skin test – Required for health care workers and specific deployments
- (7) Varicella Immunity Status – Required for health care workers
- (8) Hepatitis B – Required for health care workers and MOS/AOC determined to be at risk

k. All vaccines required, in addition to the IMR requirements, should be paid using either CONOPS (Contingency Operations) funds or monies provided by CINC (Commander in Chief) in the theater of operation, i.e. SOUTHCOM

l. Army Annual Influenza Virus Vaccine Program

(a) USAMMA is the Inventory Control Point for the Army for the Influenza Virus Vaccine, which is an Acquisition Advice Code (AAC), A item. Defense Supply Center,



Philadelphia (DSCP) contracts with vaccine manufacturers, acquires the flu vaccine, and distributes it to activities based on the priorities submitted on requests by the USAMMA. The USAMMA collects the requirements and tracks all requisitions until they are filled.

(b) NSNs change yearly for the flu vaccine. It is essential that the current's year's NSNs be used in the requesting process. NSNs requisitioned must coincide with NSNs previously submitted for the requirements. If a change is required, notify the USAMMA Customer Support Branch (MCMR-MMO-TC) at DSN 343-2045/ 301-619-2045 or email **usammafluvaccine@amedd.army.mil** for assistance. The requisitions should be order via the USAMMA website and the unit/state is responsible for the funding.

m. Within 30 days following the conclusion of the immunization cycle, unused vaccines not authorized by formulary that are:

(1) Unit-of-issue quantities will be turned in to the USPFO.

(2) Other-than-unit-of-issue quantities, will be destroyed IAW the guidance in the current AR 40-61 and the MIDI, or turned in to the USPFO for destruction.

n. USPFO and other SSAs will process requisitions for FSC 6505 items only if they are listed on valid formularies. Units drawing FSC 6505 materiel from SSAs other than USPFO must present a copy of their formulary, approved by the State Surgeon, to that SSA.

o. Requirements for non-formulary FSC 6505 items may be processed as follows:

(1) Request an addition to the formulary.

(2) Write a prescription to be filled at a TMC, military hospital, or local civilian pharmacy. (Health care personnel must ensure that the USPFO-approved funding arrangement exists prior to obtaining pharmaceuticals from a civilian pharmacy.)

#### 4-5. ACCOUNTING FOR PHARMACEUTICALS

a. Unit-of-issue quantities may be accounted for on DA Form 3862 (*Controlled Substances Stock Record*) or DA Form 1296 (*Stock Accounting Record*) at the option of the Unit/Activity. Generally, Units with only small quantities of pharmaceuticals on hand will find it simpler to account for both unit-of-issue and less-than-unit-of-issue quantities on the same DA Form 3862. Local computer generated forms that include the pertinent information are acceptable when DA Form 1296 or TAMMIS is unavailable

b. Less-than-unit-of-issue quantities will be accounted for as follows:

(1) Topical preparations and IV solutions - no requirement.

(2) Controlled substances - DA Form 3862.

(3) Legend pharmaceuticals, less topical preparations and IV solutions - DA Form 3862.

(4) Non-legend pharmaceuticals - no requirement unless specified in the formulary.

c. Prescriptions (DD Form 1289, DoD Prescription):

(1) Required for all controlled substances and legend drugs.

(2) Retained and disposed of by the unit or facility filling them.

(3) Retention period - 5 years, (AR 25-400-2, The Modern Army Recordkeeping System (MARKS)).

(4) Subject to inspection.

d. Inventories of FSC 6505 materiel will be conducted:

(1) During the last three days of the Annual Training (AT) period, the medical activity Commander will appoint a disinterested officer to perform the duty of inventories. If

officer personnel are not available, a senior Noncommissioned Officer (E7 or above) may be appointed as Inventory Officer. The Appointed Duty Officer will:

(a) Compare the document register with DA Form 3862 and 1296, to ensure receipts have been posted to DA Forms 3862 and 1296.

(b) Inventory pharmaceuticals listed on DA Form 3862 and DA Form 1296, entering results on the forms.

(c) Reconcile prescriptions (DD Form 1289) with entries on the DA Form 3862.

(d) Comply with the provisions of appropriate regulations if discrepancies are noted:

[1] Minor shortages of FSC 6505 materiel, less Notes Q and R materiel will be investigated IAW para 7-15, AR 40-2.

[2] Shortages of Notes Q and R materiel and major shortages of other FSC 6505 will be investigated through conduct of an AR 15-6 investigation or initiation of a Report of Survey.

(2) Within 60 days following completion of AT:

(a) Forward to the State Surgeon a copy of the formulary annotated with the quantity of each item consumed during AT. Keep another copy, it will be valuable in deciding what to order for the following AT period.

(b) Forward to the State Surgeon fully justified requests for addition to or deletion from the formulary.

(3) Within 150-210 days of the AT inventory:

(a) Reconcile DA Form 3862.

(b) Determine AT requirements and forward requirements/ requisitions to the source of supply, or as directed by higher headquarters.

(4) Management of controlled substances to include inventories will be conducted IAW AR 40-61 and AR 40-2.

(5) Stockage levels for AT support should be established, taking into consideration consumption during previous AT periods.

#### **4-6. RETENTION OF FSC 6505 MATERIEL FOLLOWING ANNUAL TRAINING (AT)**

a. All Note R controlled substances (DEA Schedule II) will be turned in within 30 days following conclusion of the AT period with the exception of the Weapons of Mass Destruction-Civil Support Teams (CST). The WMD-CST teams maintain these controlled drugs year-round.

b. Note Q controlled substances (DEA Schedule III, IV, and V) not required for authorized patient care will be turned in with the exception of the Weapons of Mass Destruction-Civil Support Teams (CST). The WMD-CST teams maintain these controlled drugs year-round.

c. Unit-of-issue quantities of all items, authorized for IDT use, unlikely to be consumed prior to expiration will be turned in (as directed by the USPFO) to the supporting IMSA within 30 days following the conclusion of AT.

d. It is recommended that unit-of-issue quantities of all FSC 6505 items unlikely to be used prior to the following AT period, be turned in (as directed by the USPFO) to the supporting IMSA.

**4-7. QUALITY CONTROL MESSAGES**

- a. A potency-dated/quality control record will be maintained IAW AR 40-61.
- b. USPFO will expeditiously distribute all Type I Medical Materiel Quality Control messages (DOD-MMQC) to all medical elements. Class VIII Commodity Managers are permitted to maintain a MMQC message file whereas to document a MMQC distribution audit trail.
- c. Activities/Units may obtain programs that are Army specific MMQC messages, DOD-MMQC messages or Shelf-Life Extension Program messages, by using the USAMMA's web site on the Internet. The web site address is:  

**<http://www.armymedicine.army.mil/usamma/>**

 From the left margin of that page, click on DOD Medical Materiel Quality Control Program and follow prompts.
- d. Recall messages are classified as follows :
  - (1) CLASS I: A situation in which there is a reasonable probability that use of, or exposure to, a dangerous product will cause serious adverse health consequences or death.
  - (2) CLASS II: A situation in which the use of or exposure to a dangerous product may cause adverse health consequences.
  - (3) CLASS III: A situation in which the use of, or exposure to, a dangerous product is not likely to cause adverse health consequences.

**4-8. DESTRUCTION OF DEFECTIVE OR EXPIRED MATERIEL**

- a. Unless an exception is granted by the USPFO, units will turn in (as directed by the USPFO) FSC 6505 materiel to be destroyed on DA Form 3161, annotated (*Unserviceable For Destruction*). Exceptions may be granted to medical elements with the capability to properly destroy unserviceable FSC 6505 materiel.
- b. USPFOs are encouraged to turn in unserviceable materiel to the supporting IMSA for destruction.
- c. Proper destruction of unserviceable FSC 6505 requires the use of, among other references, the MIDI (see para 1-4. d. for instructions on how to access the MIDI). Different types of pharmaceuticals require different methods of destruction. Destruction must be documented IAW the provisions of AR 40-61.

## **CHAPTER 5. REQUISITIONING**

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### **5.1 EQUIPMENT ACQUISITION IN MEDICAL TOE UNITS**

a. The type of funding used to acquire medical equipment will determine specific procedures for requesting and managing items. Medical equipment authorized for MTOE units is obtained through one of the following funding programs:

(1) Other Procurement, Army (OPA)-funded capital investment equipment, can be identified by a Materiel Category Structure Code (MCSC) of CQ. (AR 710-1, Chapter 5).

(a) Central programming of OPA-funded capital investment equipment requirements is based on fielding plans for newly introduced equipment, data from balances on hand in the inventory, distribution plans, and projections of replacement requirements. USAMMA has control of the OPA funding.

(b) All OPA-funded capital investment equipment for MTOE units will be identified as regulated medical items AAC A or provisioned medical equipment items, AAC W.

(2) Operation & Maintenance, Army (OMA), OMNG for the National Guard, funds Medical/Dental Equipment Sets (MES/ DESs). NGB has provided funds to USAMMA based on POM funding.

(a) OMNG funds acquire medical equipment sets, a generic term to describe medical SKOs and include MES, and DES sets.

(b) Major MES and specified minor MES will be identified as regulated medical items, AAC A.

(3) OMNG-funded expense equipment can be identified by a MCSC of C2. Individual item replacement for the MES equipment and supply components will be OMNG funded.

b. Requisitions for service-regulated, stock-funded (OMNG) medical equipment, identified by AAC A, J, W and C2, will be submitted on a DD Form 1348-6 (DOD Single Line Item Requisition System Document). The requisitions should be submitted offline. Units /States that submit requisition via SARSS will receive cancellations.

c. The requisition(s) will be submitted to the USPFO. USPFO assigns funds for OMNG-funded items and forwards the requisition(s) to:

Chief, National Guard Bureau  
ATTN: NGB-ARS (Health Services Materiel Officer)  
111 South George Mason Drive  
Arlington VA 22204-1382

d. Combat Lifesaver Bags: Combat Lifesavers should be funded by the units/ states. A DD1348-6 Requisitions should be sent offline direct to the USAMMA via telefax DSN 343-2270 or Commercial 301-619-2270.

TO: USAMMA  
ATTN: MCMR-MMR-A  
1423 Sultan Dr., Suite 100  
Fort Detrick MD 21702-5001

- e. Table 5-1 provides guidance on completing the DD Form 1348-6.

TABLE 5-1. INSTRUCTIONS FOR PREPARING AND SUBMITTING  
REQUISITIONS FOR PA-/STOCK FUNDED TOE REQUIREMENTS

CARD COLUMN	FIELD LEGEND	INSTRUCTIONS
1-3	DIC	AOE, ADA, or AOI
4-6	RIC	Enter B69
7	Media and Status	Enter appropriate code
8-22	NSN	Self-explanatory
23-24	Unit of Issue	Self-explanatory
25-29	Quantity	Self-explanatory
30-43	Document Number	Self-explanatory
44	Demand Code	Enter "N"
45-50	Supplementary Address	Self-explanatory
51	Signal Code	Enter A, B, J or K
52-53	Fund code	Enter GA for PA-funded or 92 (9 is for FY 99), for Stock-funded
54	Distribution	Enter U
55-56	Type Requirement	Enter appropriate code
57-59	Project Code	Blank or appropriate code
60-61	Priority	Enter appropriate code
62-64	Required Delivery Date	Leave Blank
65-66	Advice Code	Blank or appropriate code
67-80	Blank	Leave Blank

## 5.2 EQUIPMENT ACQUISITION IN TDA MEDICAL ACTIVITIES

a. Requirements for PA (Procurement Appropriation)-funded medical equipment not authorized by MTOE will be acquired through the Medical Care Support Equipment (MEDCASE) process with a price of \$100,000.

b. Submission of MEDCASE requests shall be in accordance with the specifications stated in DA SB 8-75-MEDCASE dated 10 March 2001. This publication may be obtained by a telephonic or written request to

US Army Medical Materiel Agency  
ATTN: MCMR-MMT-E  
1423 Sultan Dr., Suite 100  
Fort Detrick MD 21702-5001  
DSN 343-7403/301-619-7403

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## CHAPTER 6. UNIT INSPECTION CHECKLISTS

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### 6-1. ANNUAL GENERAL INSPECTION (AGI) - MEDICAL LOGISTICS

a. Commanders of ARNG medical units, medical activities, and medical elements of non-medical units who focus their efforts on the guidance provided in this chapter will be able to effectively manage medical logistics within their units. By devoting special attention to the three items listed below, you will be able to successfully prepare for the medical logistics portion of an AGI inspection.

- (1) Management of pharmaceuticals and injection devices.
- (2) Management of medical assemblages (sets).
- (3) Medical equipment maintenance.

b. The three checklists provided in this chapter permit medical units and medical elements of non-medical units to perform self-assessment/self-correction in these areas.

### 6-2. USE OF INSPECTION CHECKLISTS

a. NGB strongly recommends the use of the Checklist Tables found in this chapter.

b. The Checklists are identified as:

(1) Table 6-1. Inspection Checklist for Pharmaceuticals and Injection Devices (pages 6-3 through 6-5).

(2) Table 6-2. Inspection Checklist for Management of Medical Assemblages (pages 6-7 through 6-8).

(3) Table 6-3. Inspection Checklist for Medical Equipment Maintenance (pages 6-9 through 6-11).



**TABLE 6-1. INSPECTION CHECKLIST FOR  
PHARMACEUTICALS AND INJECTION DEVICES**

Units	TMC	Supply Support Activity	ITEM(S)
X	X		1. Unit-of-issue quantities of legend pharmaceuticals, to include controlled substances but not including topical preparations, are accounted for on DA Form 1296* or DA Form 3862** or computer generated equivalent form. (SB 8-75-S10) SB-8-75-S6
X	X	X	2. Less than unit-of-issue quantities of controlled substances and legend pharmaceuticals (other than topical preparations) are accounted for on DA Form 3862. (SB 8-75-S10) SB-8-75-S6
X	X		3. Prescription forms or DA Form 3161*** are available to support entries on DA Form 3862 for expenditures of controlled substances and other legend pharmaceuticals, less topical preparations. (SB 8-75-S10)
X	X		4. Prescription files (913-02) have been retained for two years by the unit or facility filling the prescription. (SB 8-75-S10)
X			5. Note "R" controlled substances are not on hand other than to support annual training. Turn-in of remaining stocks is accomplished within 30 days of the completion of AT. (SB 8-75-S10, Para 3-52 f). Weapons of Mass Destruction-Civil Support Teams (WMD-CST) are required to maintain year round based upon the CST approved formulary.
X	X		6. Note "R" controlled substances are stored in a locked vault at all times when personnel are not present in the area of the container. For small quantities, storage may be in an approved safe. (AR 190-51)
	X		7. Note "R" controlled substances are stored in a vault, safe, or GSA class 5 steel cabinet. If a safe or cabinet weighing less than 750 lbs is used, it will be attached to a permanent structure. (AR 40-61 and AR 190-51)
	X		8. Note "Q" controlled substances are stored in a safe, vault, locked cage, or secured room with access limited to selected individuals. (AR 40-61 and AR 190-51)
X			9. Aviation Survival Kits, complete with controlled substances, at unit level will normally be in the possession of personnel authorized kits for aviation operations and will be secured in the same manner as prescribed for other aviation life-support equipment, such as a locked room, cage, or individual locker. Controlled items must be in the survival kits at all times to ensure availability for use by crewmembers in the event of emergency survival situations. (AR 40-61)

\* DA Form 1296, Stock Accounting Record

\*\* DA Form 3862, Controlled Substance Stock Record

\*\*\* DA Form 3161, Request for Issue or Turn-In



(continued) TABLE 6-1. INSPECTION CHECKLIST FOR  
PHARMACEUTICALS AND INJECTION DEVICES

Units	TMC	Supply Support Activity	ITEM(S)
X	X		10. Note "Q" controlled substances and sensitive items are stored in a locked container that is locked at all times except during inventory, restocking, drug preparation, and injection operations or patient-care tasks, where a responsible medical facility staff member is physically present to control the custody and use of the protected items. (AR 190-51)
	X	X	11. Syringes and needles are stored in a container which is locked at all times except during inventory, restocking, drug preparation and injection operations, or patient-care operations where a responsible facility staff member is physically present to control custody and use of the protected items. (AR 190-51)
X	X	X	12. A quality control file is maintained for FSC 6505/08 items. (SB 8-75-S10)
X	X		13. Controlled substances in aviation survival kits will be inventoried every 120 days by the aviation life support equipment technician who conducts the periodic inspection of the complete kit and recorded on DA Form 1296 or a locally approved form. ( AR 40-61 )
X	X	X	14. An inventory of all Note R and Q controlled items, except components of aviation survival kits on hand in aviation units, will be conducted monthly. The inventory officer will authenticate the balance on stock accounting records at the storage locations for each line item inventoried. This will be done by a separate line entry on DA Form 1296, consisting of date, the abbreviation "INV", quantity on hand, and legible payroll signature. (AR 40-61)
X	X	X	15. All controlled substances inventories are performed by a disinterested officer, senior NCO, or civilian GS-7 or above designated by the commander. The same individual will not be assigned to inventory two consecutive months. (AR 40-2, Para 7-16d; AR 40-61)
		X	16. Controlled substances are recorded on DA Form 1296 located at the storage site. (AR 40-61)
X			17. No controlled substances, potency- dated drugs, or items requiring refrigeration are on hand as components of medical assemblages. (They may be acquired to support field training but not to constitute components of a medical assemblage. (AR 40-61)
X	X	X	18. Unopened unit-of-issue packages of all items unlikely to be consumed before their expiration dates are turned in as directed by the USPFO to the supporting IMSA within 30 days following the conclusion of AT. (SB 8-75-S10)
X	X		19. All pharmaceuticals (FSC 6505 materiel) on-hand are listed on a formulary

(continued) TABLE 6-1. INSPECTION CHECKLIST FOR  
PHARMACEUTICALS AND INJECTION DEVICES

Units	TMC	Supply Support Activity	ITEM(S)
			for the unit or activity. The State Surgeon has approved the formulary. (SB 8-75-S10)
			20. All issues of FSC 6505 materiel processed by USPFO or other Supply Support Activity (SSA) have been edited against unit formularies, which have been approved by the State Surgeon. Formularies are on hand in the stock control branch of the USPFO. (SB 8-75-S10)
X			21. DA Forms 1296 and 3862 on-hand in the unit reflect an inventory conducted during the last three days of the AT period. (SB 8-57-S10)
X			22. Within 60 days following the completion of AT, the unit forwards to the State Surgeon a copy of its formulary annotated with the quantities of items consumed during AT. (Inspector: Check for a file copy in the unit's files.) (SB 8-75-S10)
X	X	X	23. USAMMA DOD-MMQC messages are being received and a record of those messages is being maintained.
		X	24. Type I DOD-MMQC (quality control) messages have been expeditiously distributed to all State safety offices and all medical elements. (AR 40-61)
X			25. A log of Type I DOD-MMQC messages reflecting Date Received, Message Number, NSN, Nomenclature, Action Required and Remarks, is maintained. (AR 40-61)
		X	26. All DOD-MMQC quality control messages are distributed to ARNG training sites operating troop medical clinics and DMSOs. (AR 40-61)
X	X	X	27. Stocks of suspended or unserviceable medical materiel have been physically segregated from serviceable stocks and identified as unserviceable or suspended stocks. (AR 40-61)
X	X	X	28. If the unit or activity has destroyed unserviceable medical materiel, there is on-hand the MIDI with a properly executed DA Form 3161 documenting the destruction. (SB 8-75-S10, Para 4-8)



**TABLE 6-2. INSPECTION CHECKLIST FOR  
MANAGEMENT OF MEDICAL ASSEMBLAGES**

Units	TMC	Supply Support Activity	ITEM(S)
X	X		1. A property book header page is prepared for each major medical assemblage. (DA PAM 710-2-1, Para 4-29)
X	X		a. Receipt, issue, and on-hand-balance postings will not be made to the header. On-hand quantities will be posted in pencil. (DA Pam 710-2-1, Para 4-29,)
X	X		b. On the reverse side, the assembly order control number, if assigned, (DA Pam 710-2-1, Para 4-29)
			2. Pages listing components:
X	X		a. A separate property book page for each non-expendable component of the assemblage will follow the header page. (DA Pam 710-2-1, Para 4-29)
X	X		b. Each page will be annotated "Component of LIN _____" in the "authority" block. (DA Pam 710-2-1, Para 4-29)
X	X		3. Shortages of controlled substances will be accounted for on DA Form 2062*. (DA Pam 710-2-1, Para 4-29)
X	X		4. Medical assemblage components, including those with ARC of X or D (expendable or durable), have been inventoried at least once every 12 months. (AR 40-61)
X	X	X	5. Units using manual procedures will use DA Form 4998-R** for each expendable and durable item in the assemblage. This form is used to manage both quality control and informal accountability functions. (AR 40-61)
X	X	X	a. All entries on the Form except NSN, description, and unit of issue, should be in pencil.
			b. Form should contain entries in at least "lot or batch number", "expiration date by lot or batch number", and "manufacturer and contract number" (if available), and columns, if any materiel is on hand.
			6. Division Medical Supply Officer (DMSO):
X			a. Maintains informal records for each item for which demands are expected using DA Form 1296. (AR 40-61)
X			b. Maintains DA Form 4998-R** for each shelf-life item for which demands are expected. (AR 40-61)
X	X		7. Shortages in medical assemblages (except controlled substances, shelf life, potency & dated and refrigerated items) are on requisition. (AR 40-61, Para 3 & 5-5 & AR 710-2, Para 2-3)

\*DA Form 2062, Hand Receipt/Annex Number

\*\*DA Form 4998-R, Quality Control and Surveillance Record for TOE Medical Assemblage

(continued) TABLE 6-2. INSPECTION CHECKLIST FOR  
MANAGEMENT OF MEDICAL ASSEMBLAGES

Units	TMC	Supply Support Activity	ITEM(S)
	X		8. Unit is using the most current component listing for inventory purposes.
			NOTE: The only acceptable component listings for multi-service (minor) medical assemblages are the <i>DoD Medical Catalog</i> , or a copy of a current NGB component listing. The only acceptable component listing for service unique (major) medical assemblages are current NGB component listings and, Unit Assemblage (UA) listings issued by USAMMA. If the NGB component listing or UA listing is older than one year, it is probably obsolete. (DA PAM 710-2-1, Para 4-29c, and AR 40-61)
X			9. Unit is maintaining DA Form 2765 <sup>***</sup> (completed with the exception of document number, RIC, cost detail account number, price, project code and priority) for all controlled substances, shelf-life items, and Items requiring refrigeration which are short on on-hand sets. (FORSCOM Regulation 500-3-3, page 66 15 JUL 99)  NOTE: Shelf-life items are those with an entry other than "O" in the SLC column of the AMDF.

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\*\*\* DA Form 2765, Request for Issue or Turn-In

**TABLE 6-3. INSPECTION CHECKLIST FOR MEDICAL EQUIPMENT MAINTENANCE**

Units	TMC	Supply Support Activity	Items
X	X		1. Organization has identified the medical equipment which requires periodic maintenance by reference to DA SB 8-75-S2/-S6/-S8 or the materiel fielding plan for the medical equipment set (SB 8-75-S10, para 3-3)
X	X		2. DA Form 2409* is maintained on each item of medical equipment requiring periodic maintenance. (TB 38-750-2 and SB 8-75-S10, para 3-3)
X	X		3. DA Form 314** is maintained for all items of medical equipment requiring maintenance. (TB 38-750-2, para 2-2)
X	X		4. Unit has on-hand or on request TB 38-750-2 and the TM or manufacturer literature for each item of medical equipment that requires periodic maintenance. (SB 8-75-S10, para 3-4)
X	X		5. The organization knows how to secure medical equipment maintenance support for required preventive maintenance services or repair beyond the Unit's organic capabilities. (SB 8-75-S10, para 3-5 & 8)
X	X		6. There is evidence the Unit Commander has monitored the Unit's medical equipment maintenance. (AR 40-61)
X	X		7. Unit medical equipment appears to be receiving operator maintenance (it is clean, operable, free of obvious defects, etc.).
X	X	X	8. Organization receives, registers and observes all sequentially numbered USAMMA, DOD-MMQC quality control messages. (AR 40-61)
X	X	X	9. The organization receives the SB 8-75 series from pinpoint distribution. (AR 40-61)
	X		10. State has published and distributed a medical equipment maintenance plan or SOP containing the following descriptive elements:
	X		a. How to determine which on-hand medical equipment requires periodic maintenance.
	X		b. How to obtain manufacturer literature on each type of medical equipment requiring periodic maintenance and not covered by a TM.
	X		c. A list of publications pertaining to medical equipment maintenance which should be on hand at Unit level.
	X		d. Specification of maintenance forms to be maintained at Unit level or of the publication that specifies those forms.
	X		e. Specification of a point-of-contact from which to request medical maintenance(preventive or repair) support beyond a Unit's capability.
			f. Listing and prioritizing of sources of medical maintenance support available to units. OMSs and CSMSs.
	X		g. Specification of command responsibility or supervision of medical equipment maintenance.
X			h. Specification of procedures to ensure that medical equipment maintenance is monitored during formal and informal inspections and visitations to monitor surface maintenance.

\* DA Form 2409, Equipment Maintenance Log

\*\* DA Form 314, Preventive Maintenance Schedule and Record

(continued) TABLE 6-3. INSPECTION CHECKLIST FOR  
MEDICAL EQUIPMENT MAINTENANCE

Units	TMC	Supply Support Activity	Items
X			i. Specification of a point of contact for medical equipment maintenance within the Surface Maintenance Manager's Office.
	X		11. Nonmedical maintenance inspectors visiting units with medical equipment. (AR 40-61)
X	X		a. Inspect medical maintenance records for completeness and notation of completion of required preventive maintenance.
X	X		b. Check the availability of technical manuals or manufacturer literature on medical equipment that requires periodic maintenance.
X	X		c. Evaluate the serviceability of a small quantity of medical equipment using TMs and manufacturer literature.
	X		d. Report results of their observations.
			12. Installed x-ray apparatus:
X	X		a. Has been serviced annually by a qualified medical equipment repairer (See Table 3-1)
X	X		b. Facilities have had a radiation protection survey within the past 3 years. (TB Med 521)
X	X		13. Audiometers are being calibrated annually by USAMMA. (AR 40-61) (TB 8-6515-001-35 para 2-1)
X	X		14. Audiometric booths have been tested for compliance with TB 750-8-2 when installed or when deterioration in the test environment is suspected. (AR 40-61)
X	X		15. Defibrillators have been performance tested semiannually. A DA Label 175* is affixed and a DA Form 5624-R** provides a record of the results of the evaluation. (AR 40-61)
X	X		16. There is evidence that electrical operated medical has been tested annually, and upon completion of any electrical repairs for current leakage and ground resistance, notified in accord with limits specified in NFPA Standards 99, Chapters 8 and 9. (AR 40-61)
X			17. D to D+60 units authorized MOS 91A medical equipment repairer, have on hand or on order, mandatory parts list repair parts to support equipment in their units and in subordinate units for which they have a doctrinal medical equipment maintenance support mission. (SB 8-75-S10, Para 3-13) (DA PAM 710-2-1)

\*DA Form 175, Defibrillator Energy Output Certification

\*\*DA 5624-R DC Defibrillator Inspection Record

(continued) TABLE 6-3. INSPECTION CHECKLIST FOR  
MEDICAL EQUIPMENT MAINTENANCE

Units	TMC	Supply Support Activity	Items
X	X		18. DD Form 2163 <sup>***</sup> records the calibration/ verification/certification (CVC) services and is affixed to all equipment requiring CVC services. This includes all audiometers, centrifuges, defibrillators, electrocardiographs, anesthesia apparatus, thermoregulators, etc. (TB 38-750-2) (AR 40-61)
X	X		19. There is evidence that the Unit's medical maintenance TMDE is listed on the State's calibration program and that the Unit commander has appointed a Calibration Monitor. (SB 8-75-S10, para 3-3)
X	X		20. Ensure compliance of x-ray verification, certification and corrective action taken in conjunction with CVC of x-ray equipment by maintaining DD Form 2164 <sup>****</sup> with equipment maintenance log. (TB 38-750-2 para 2-13)

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\*\*\* DD Form 2163, Medical Equipment Verification/Certification

\*\*\*\* DD Form 2164, X-ray Verification/Certification Worksheet



## **APPENDIX A. REFERENCES**

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AR 220-1, Unit Status Reporting

AR 25-400-2, The Modern Army Recordkeeping System (MARKS)

AR 40-2, Army Medical Treatment Facilities: General Administration

AR 40-3, Medical, Dental, and Veterinary Care

AR 40-501, Standards of Medical Fitness

AR 40-562, Immunization and Chemoprophylaxis

AR 40-61, Medical Logistics Policies and Procedures

AR 5-9, Area Support Responsibilities

AR 700-138, Army Logistics Readiness and Sustainability

AR 700-68, Storage and Handling of Compressed Gases and Gas Cylinders

AR 70-1, Army Acquisition Policy

AR 750-10, Army Materiel Maintenance Policy and Retail Maintenance Operations

DA PAM 710-2-1, Using Unit Supply System (Manual Procedures)

NGR 40-501, Medical Examination for Members of the Army National Guard

TB 38-750-2 Maintenance Management Procedures for Medical Equipment

TB 38-750-2, Maintenance Management Procedures for Medical Equipment

TB 43-180, Calibration and Repair Requirement for the Maintenance of Army Materiel

TB 750-8-2, Maintenance and Calibration of Audiometers

TB 8-6500 MPL, Mandatory Parts Lists for Medical Equipment

TB 8-6515-001-35, Calibration and Repair of Audiometric Equipment

TB MED 501, Occupational and Environmental Health

TB MED 521, Management and Control of Diagnostic X-ray,  
Therapeutic X-ray, and Gamma Beam Equipment


  

TM 8-6500-001-10-PMCS, Operator's Preventive Maintenance Checks and  
Services for Reportable Medical Equipment (Consolidated)

**SB 8-75-S10**

By Order of the Secretary of the Army:  
ERIC K. SHINSEKI  
*General, United States Army*  
*Chief of Staff*

Official:

  
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Distribution:

To be distributed in accordance with initial distribution number (IDN) 343499, requirements for SB 8-75S10 of the SB 8-75 Series.